

LETTERHEAD

Date

Submitter's Name
Submitter's Agency
Address 1
Address 2

Dear Sir:

The item(s) you submitted in the matter of (name) and identified with your number (number) was (were) received on (date) at the (region) Laboratory of the Department of Forensic Science. The item(s) was (were) transferred on (transfer date) to the Division of Consolidated Laboratory Services in Richmond where the requested examinations will be performed.

If you have any inquiries, please contact the Division of Consolidated Laboratory Services at 600 North 5th Street, Richmond, Virginia 23219, or phone the DCLS Sample and Records Management Unit at (804) 786-4824.

Sincerely,

Name
Regional Forensic Laboratory Director